



Digitized by the Internet Archive
in 2015

<https://archive.org/details/b21482238>

12

V'ARICOCELE

AND ITS

RADICAL CURE.

BY

OCTAVIUS A. WHITE, A. M., M. D.,
OF NEW YORK.

REPRINTED FROM THE N. Y. MEDICAL JOURNAL, JULY, 1873.]

NEW YORK:
D. APPLETON & COMPANY,
549 & 551 BROADWAY.
1873.

VARICOCELE AND ITS RADICAL CURE.¹

CONSERVATISM is the order of the day. Actuated by this potent spirit, modern surgery wisely repudiates active interference in every case which cannot be positively ameliorated by the power of art.

Operative procedures for the relief of physical infirmity at the present day are, therefore, reserved for cases in which demand for assistance is peremptory, the tendency is to aggravation, and, above all, in which every other known mode of rational treatment has been resorted to without avail. Thus surgery often becomes the final resort when therapeutics fails to give relief. In our limited knowledge of diseases and remedies, necessity, therefore, must often arise for the stern application of the knife; and it becomes us to be ever ready to institute with promptness the perfection of our art to arrest damage and alleviate suffering.

Among the host of maladies recognized by the earliest surgeons, to remedy which has ever presented a most difficult problem, none can take precedence of that grave affection formerly denominated *cirsocele*, but more familiarly known to modern surgeons as *varicocèle*. As the scrotal veins them-

¹ Read before the Medical Society of the County of New York, May 26, 1873.

selves, however, are liable, though rarely, to take on a varicose condition, it would be better in future to reserve the former title to distinguish this alone, and employ the latter to signify only varix of the spermatic veins.

Search, we believe, will be made in vain for a single authentic case of mitigation, far less cure, of varicocele, by any other than strictly surgical means. It was this conviction which long since caused Pott reluctantly to admit that "no good effects can ever be derived from external applications of any kind."

The ingenious and plausible devices of Wormald and of Richard, and more recently that of Mr. Morgan, of Dublin, exist indeed, but are now regarded only as evidences of what has been so laudably and earnestly attempted in this direction.

The vast variety of heroic measures devised from time to time, and the astonishing alacrity with which the afflicted have submitted to these severe procedures, alike manifest the earnest demand for some form of radical relief.

So great has been the amount of suffering already inflicted, for the amelioration of this hapless infirmity, under the guise of surgery, that we would far rather toy in future with such mechanical and therapeutical means as propose to moderate discomfort and lessen pain, than rehearse an old or attempt a new plan of active treatment not consistent with assurances of permanent cure.

If we consider the various anatomical or other causes which conspire to develop and confirm this malady, apart from sexual abuses, which never fail to intensify it, we must inevitably be impressed with the conviction that no reliance can be placed upon therapeutical agents, however skilfully and diligently applied.

Indeed, the severity of the affection is most commonly increased by attempts to stimulate the flagging virile powers by means of drugs; and the momentary fillip to the system which these afford, as Todd so well observes, is almost sure to be succeeded by a correspondingly profound and perhaps irretrievable depression.

Moreover, so far from Nature, as usual, lending her accustomed aid in the direction of repair, each case seems to pos-

sess its own inherent tendency to grow worse until physical torment and mental inquietude forbid further temporizing, and incontinently demand relief at the hazard of life itself.

Though daily experience justifies these assertions, medical men can, even at this very juncture, be found attempting to conduct cases of varicocele to a favorable issue, without invoking the very necessary aid of surgery.

The intimate dependence of the intellectual upon the vigor of the generative functions, is a fact long since and most fully established. Copulation is not under the power of volition; "though an act of the body," says the philosophic Hunter, "its spring is in the mind." The human fabric is subject to no class of diseases which preys more mischievously upon the intellect than those affecting the integrity of the procreative organs. "Our lunatic asylums," testifies the experienced M. Gascoyen,¹ "afford but too many examples of mental derangement in persons who have been addicted to masturbation and sexual excess, the former more particularly, to leave much doubt that those practices may produce cerebral disturbance."

Sometimes, indeed, even early in life, the mental faculties fail; but, should a naturally vigorous constitution preserve the individual a few years longer, depreciation in this respect, unless relieved, is almost sure to overtake him and become definitely fixed at or about the fortieth year.

We are forcibly reminded, in this connection, of the sad and unmerited fate of the distinguished Delpech, who lost his life by the hands of a patient upon whom he had operated for a double varicocele. The testicles of the assassin were found wasted away, and his mind was possessed with the conviction that the surgeon had caused it.

The fact is well established, among surgeons of the present day, that this morbid condition, if abandoned to take its own course unchecked, may, and too often does, lead in itself to virtual castration. Irremediable atrophy has frequently resulted thus to testicles from the *smothering process*, induced naturally by such overspreading of the veins.

Landouzy, from his ample field of observation, has de-

¹ Vide "Transactions of the Harviean Society," December 7, 1871. Gascoyen, Surgeon to Lock Hospital.

clared he could trace no connection between varicocele and hæmorrhoids or varix elsewhere, an assertion which accords with our own experience. Nevertheless, we record the high authority of Mr. Curling to the contrary.

We have but recently witnessed a most melancholy case of old-standing varicocele in an individual not yet forty years of age. Amid the exaggerated congeries of veins on both sides, only the merest trace of testicles exists. The mental and physical condition of this wretched individual, though presenting varicose veins in no other part of his person, is so very seriously deteriorated as to incapacitate him for all useful occupation.

The tumor always intensifies during the day in the upright and subsides again at night in the recumbent posture, communicating commonly so decided a succussion in the act of coughing as at times to delay immediate diagnosis, and cases complicated with other scrotal difficulties have been described, which puzzled the skill even of experts. Two remarkable cases occurred in the practice of Mr. Bransby Cooper. In one the disease was marked by hydrocele of the cord, in the other an infarcted state of the bowel caused him to mistake the tumor for a strangulated hernia, until the action of a purge dispelled the illusion. s/

Cases are constantly presented which have been subjected, and vastly to their detriment, to a hernia-truss, in consequence of mistaken diagnosis. Imbued, however, with proper knowledge and skill, the true nature of any such morbid mass may shortly and finally be recognized, since, at the present day, our means for definitely distinguishing varicocele from kindred maladies are more complete.

Varicocele being essentially a varix in its nature, of course every procedure which has been found useful in the treatment of varix in general has been most diligently and faithfully instituted in this. To recapitulate, briefly, the most prominent efforts which from time to time have been made at radical relief cannot fail to interest, since it impresses forcibly not only the intolerable and refractory character of the complaint, but illustrates the resolute and industrious pursuit after remedy by surgeons. Such a glance will also serve to prove what

little true progress, in spite of all effort, has been insured in the way of radical relief, and the noted degree in which plans claimed as novelties resembled long-neglected attempts of earlier surgeons.

The rude surgery of the time of Celsus naturally could devise no less hideous a remedy than castration—a resort which not only Boyer countenanced, but which Gooch and others, and even more modern surgeons, have practised.

Nélaton actually revived the free use of chemical caustics, a mode of treatment which had justly passed into desuetude since the time of Paul of Ægina.

Davat, Franc, Reynand, and even Jobert, inclined to modifications of Paré's original method of laying bare the sac, and ligating the veins.

The equally bold proceedings of Crumano, Delpech, Rima, and Moulinié, all resembled each other.

Bell taught a tedious process of applying ligatures to each vein separately. Genius must necessarily command disciples, and Kuh, of Geneva, and others, have imitated him.

Fricke's method, by setons through the veins to obliterate by plastic exudation, is but a repetition of ancient results in surgery for aneurismal varix, its chief merit being its antiquity. or

The plausible and ingenious plan of Buschet captivated, among others, the discreet Chelius. The pincers, which forms the chief feature of the operation, is clearly modelled after Dupuytren's *enterotome*.

Landouzy's and Samson's methods are each identical with that of M. Breschet's; improvement in the character of the pincers, creating scarcely a shade of difference.

Graefe, Amussat, Dr. Jamison, of Baltimore, and Dr. Stephen Brown, of this city, each essayed, in defiance of Sir Astley Cooper's noted experiments, to abolish varicocele by ligating the nutrient artery itself. The uniform result, of course, was failure, with even, in some cases, sloughing of the testicle.

Sir Astley Cooper, who so wisely deprecated temporizing with the rings of Wormald, recommended and practised actual excision of part of the scrotum, as a means of radical

cure—a procedure which, according to Bransby Cooper, and other surgeons of his day, afforded no lasting advantage.

We heartily concur with Mr. Barwell, of Charing Cross Hospital,¹ in censuring as unnecessarily violent the plan by double ligature and subcutaneous division of the veins, of Mr. Lee, though it did originate with Sir Benjamin Brodie. Even yet, however, we find Mr. Bryant, of Guy's, and Mr. Sidney Jones, of St. Thomas's, announcing cures effected by this heroic means.

The ingenious procedures of Gerdy with hernia naturally hinted to M. Lehmann his scheme of invaginating the scrotum into the belly in order to curtail the latitude of the distended veins. This effort, however, succeeded no better than Mr. Cooper's plan, and, lacking the same exalted prestige, exists now only as an historical fact.

If, as Gottschalk² has so fully demonstrated, the simultaneous, immediate, and complete occlusion of the veins at fault were not a prime condition to successful obliteration of all cases of varix, M. Vidal's last and certainly ingenious method by "*enroulement*" would not perhaps disappoint those who rely upon it so often for relief.

So might we greatly extend this record of disappointment; but our purpose is not to compile a catalogue of the great and needless suffering inflicted to control this infirmity.

The plan of M. Ricord, which has afforded good results in the hands of so many surgeons, and which, until a comparatively recent date, has been our own resort in the treatment of varicocele, has, we find, in the course of our investigations, fallen less into disfavor than any other hitherto proposed. Nevertheless we note quite a number of cases operated upon by this method, which resulted fatally, either from erysipelas, phlebitis, tetanus, or pyæmia; each of which accidents, consequent upon operation, doubtless arose from the irritating properties of the organic ligatures employed.

To obviate as far as possible the ordinary dangers, embarrassments, and disappointments, incident to radical cure of varicocele, we devised and have practised the following safe, simple, cleanly, and expeditious method:

¹ *Lancet*, No. 21, vol. i., 1869, p. 711.

² Oppenheim, *Zeitschrift für die gesammte Medicin*, vol. xxii., part ii.

A sufficient amount of experience in diseases of the genito-urinary organs, with quite a large number of most aggravated cases of this particular malady successfully operated upon, fully justifies us in recommending this plan of procedure as one eminently worthy of trial.

Mr. Redfern Davies,¹ of Birmingham, describes, in the *Lancet*, a case of varicocele operated upon successfully, in which he applied wire ligatures to the veins, after Ricord's plan, but inconsiderately omitted to provide for their subsequent removal after the cure had been effected. He was compelled reluctantly, therefore, to abandon within the scrotum the metallic knot he had thus so securely adjusted around the morbid veins.

Such a case as this alone, though others can be adduced, proves beyond doubt the inanity of metallic sutures in operations about the scrotum, and, since their employment is in strict accordance with modern surgery, no improvements in this regard can possibly be needed.

However unnecessary it may be in many other surgical operations to subject patients to preparation, we believe, with Mr. Bransby Cooper, such course particularly required in these cases.

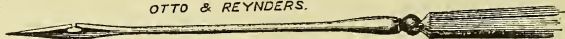
In proceeding to institute any operation about the sac requiring the passage of needles, the wise counsels of the experienced Velpeau can never be disregarded without penalty. "If the needle be inserted too high and near the ring," he instructs, "we run the risk of not entirely separating all the veins of the cord, and of allowing some of those behind to escape; if too low and near the testicle, we hazard giving rise to purulent inflammation or an abscess in the small sac."

The usual preliminary steps of other approved methods of operating for radical cure of varicocele having been now observed, the surgeon carefully separates, from the plexus of veins within the scrotum, the vas deferens with its associate artery—the former forward and toward the anterior wall of the sac, the latter back and toward the septum scroti. Guarding these well apart by means of his thumb and forefinger, he plunges the point of the needle figured below, previously

¹ *Lancet*, February 28, 1863, p. 233.

armed with a strong silver-wire ligature, in its cleft eye, directly through the two walls of scrotum thus held together, so as to deliver a loop upon the opposite side. This loop is then

OTTO & REYNDERS.



detached and left free. A fresh wire is speedily adjusted into the same eye, when, by simply drawing back the needle, a corresponding loop is made to appear at the starting-point made in the sac. Suffering these to rest *in situ*, the surgeon next proceeds to pass with deliberation a firm, straight, nickel-plated knitting-needle, or a silver probe, in front of the mass of veins, and grazing the scrotal integuments, entering by and making exit at the punctures already made.

At this juncture of the operation, we have the morbid mass completely circumvented, and all that now remains to effect strangulation of the veins is to engage each loop over its proximate and projecting probe point and make traction.

This being the only part of the operation which is at all painful, a little chloroform should be used. Appropriate pressure is now made upon the two opposing ligatures, which causes them to slide along the probe, through the orifices on each side, until they finally straddle, and so occlude the veins.

In order to insure the obliteration of these veins, continued and uniform traction is necessary to be kept up for some days. This constant antagonism of the probe on one side of the veins, and the wires upon the other, we are in the habit of maintaining by means of the simple and light contrivance here figured.

The only objection we have to M. Ricord's "horseshoe" for the same purpose is, that it is unnecessarily cumbersome and heavy. Patients have often complained of its weight, besides which it has occasioned even pain and ulceration from pressure.

Since regularly inaugurating our own peculiar plan of operating for radical cure of varicocele, Mr. Wood, of King's Hospital, London, a name familiar to every advanced surgeon, has announced his own exceedingly neat and original mode of treatment. This plan consists in casting a wire-loop around the plexus subcutaneously, and, in imitation of the *écraseur*,

adjusting their two free ends without to an ingeniously-con-
trived spring, which insures absolute division of the veins in
fault.



Most excellent and unfailing results can be, without doubt, secured from this method in the hands of its expert inventor. But we would apprehend, from its employment generally, ulceration, and possibly sloughing at the point of resistance of the spring against the scrotal integuments.

The apparatus we desire to call particular attention to, however, will be found quite free from these evident objections, and, above all, comparatively inexpensive, since our own mode of maintaining the *serre nœud* is but an ordinary nickel-plated piece of wire, rendered more elastic and strong by simply recoiling it upon itself twice in the middle. Owing to its mechanism, when properly applied, no point of it need touch the surface of the skin.

After a lapse of the usual time when it becomes advisable to remove the ligatures with their complementary adjustments, the surgeon slackens the tension, and with a gentle rotary manœuvre withdraws the probe. The combination-knot being thus broken up, the two ligatures naturally and easily follow the slightest force.

By performing the operation in this manner, the wires which had been so safely, neatly, and readily occluded within the sac and around the veins, can be most easily withdrawn.

Too much prejudice, we have reason to believe, has lately arisen against operative procedures for the radical cure of varicocele. Without pausing to consider whether this may not have resulted from the many discouraging failures which have attended most of the methods detailed, or from the many terrors and dangers with which attempts at cure have been encompassed, we desire to record our opinion that indiscriminate resort to operation should by no means be entertained.

Mr. Hunter long ago computed the frequency of varicocele among male adults as one in every ten. Prof. Humphrey, of Cambridge, the monographist upon this subject in Holmes's great work on surgery, who rather discountenances active interference for its relief, admits the same ratio.

From that ample field of observation, the conscript service in the South during our late civil war, together with experience derived from private practice for over a quarter of a century, we have deduced a rate of one in eighteen.

Out of this large proportion of cases, however, the proportion of those whose condition may demand surgical interference will be found comparatively small. Operative procedures in this, as in every other disease, should be instituted with due caution, and I might add, only as a *dernier ressort*.

Mr. Erichsen has noted that varicocele seldom begins later than the thirtieth year. Neither this high authority nor any other has yet declared the earliest age at which it may become urgent and demand the surgeon's attention.

Most of the cases operated upon by us, we find, were between the ages of eighteen and twenty-eight.

Observation convinces us that ordinarily varicocele begins to develop at or about puberty, when natural afflux is directed to the spermatic vessels, and unnatural practices, if indulged in, irritate and congest these organs.

As a general rule, we deprecate operating for radical cure of varicocele before the age of fifteen, and advise against positive interference until physical development may be considered complete.

In this connection we desire to record our experience in two remarkable cases, undertaken, contrary to our established views above expressed, before the age specified. In one the operation resulted successfully, though I have no confidence in

the permanence of the cure. This case was complicated with epileptiform seizures, which have since undergone marked mitigation both in frequency and severity. The other was unsuccessful, on account of immature age, and persistent indulgence, during treatment, of the very vice which had precipitated the malady.

In our own experience, so far from operation upon these veins ever entailing atrophy or other detriment to the testicle, as has been vaguely alleged, the organ has, in due course of time, not only recovered itself, but even resumed its normal size and function.

To avoid prolixity, the annexed woodcut is offered in order to exhibit the author's method of applying the spring to the body in a case of varicocele.

